
State: District of Columbia **Filing Company:** Combined Insurance Company of America
TOI/Sub-TOI: H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness
Product Name: Group Critical Illness
Project Name/Number: Group Critical Illness Product, Includes 9 Riders/13-AH-2010748

Filing at a Glance

Company: Combined Insurance Company of America
Product Name: Group Critical Illness
State: District of Columbia
TOI: H07G Group Health - Specified Disease - Limited Benefit
Sub-TOI: H07G.001 Critical Illness
Filing Type: Rate
Date Submitted: 10/28/2013
SERFF Tr Num: ACEH-129262999
SERFF Status: Assigned
State Tr Num:
State Status:
Co Tr Num: 13-AH-2010748

Implementation: On Approval
Date Requested:
Author(s): Karen Moore, Marlene Thomas, Maureen Ortega, Marivic Chiong
Reviewer(s): Darniece Shirley (primary), Alula Selassie, Donghan Xu
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

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General Information

Project Name: Group Critical Illness Product, Includes 9 Riders Status of Filing in Domicile: Not Filed
 Project Number: 13-AH-2010748 Date Approved in Domicile:
 Requested Filing Mode: Domicile Status Comments: Will be filed
 Explanation for Combination/Other: Market Type: Group
 Submission Type: New Submission Group Market Size: Small and Large
 Group Market Type: Employer, Association, Trust, Other Explanation for Other Group Market Type: Union
 Overall Rate Impact: Filing Status Changed: 10/28/2013
 State Status Changed:
 Deemer Date: Created By: Marlene Thomas
 Submitted By: Maureen Ortega Corresponding Filing Tracking Number: ACEH-129263000
 Filing Description:
 District of Columbia

Re: Combined Insurance Company of America
 FEIN Number 36-2136262 / NAIC Number 626-62146
 Our Filing Number 13-AH-2010748
 Form MA13999 - Master Application
 Form No. C16670-DC -Group Critical Illness Certificate
 Form No. C166070 - Amendment to the Certificate
 Form No. 16671 - Interim Coverage Certificate Rider
 Form No. 16672 - Automatic Maximum Benefit Increase Certificate Rider
 Form No. 16673 - Annual Wellness Benefit Certificate Rider
 Form No. 16674 - Cancer Treatment Benefit Certificate Rider
 Form No. 16675 - Family Care Benefit Certificate Rider
 Form No. 16676 - Hospital Admission Benefit Certificate Rider
 Form No. 16677 - Membership Endorsement for Health Care Referral Service
 Form No. 16678 - Mortgage and Rent Helper Benefit Certificate Rider
 Form No. 16679 - Waiver of Premium Benefit Certificate Rider
 Form No. 164070 - Enrollment Form

Group A&H

In-state and Out-of-state Filing

Dear Commissioner:

This is a new filing. These new forms will not replace any existing forms. Please note the following:

- The Group Policy that will be used with this filing is the previously approved Group Policy Form No. P13999-DC which was approved by your Department on 12/12/2012 under SERFF Tracking No. CMBD-128786748. The Group Policy Form No. P13999-DC is a policy provides individual or family coverage. The Group Certificate Form No.C16670-DC provides limited benefits for specified critical illnesses.
- The forms are being filed for use both for in-state and out-of state use:

State: District of Columbia **Filing Company:** Combined Insurance Company of America
TOI/Sub-TOI: H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness
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o If issued to a true employer, association or a trust group, the group policy that will be issued will be the group policy that is approved for use where the employer, association or trust is located.

- Variable items within the forms are denoted in brackets. All bracketed items are explained in the variability memorandum which is attached under the Supporting Documentation tab.
- All required transmittals, certifications, and checklist are attached, if applicable.

These forms are intended for issue to eligible groups through a trust or directly to the group. The types of groups to be covered include specifically, but are not limited to, employer/employee groups; labor unions and similar employee organizations; bona fide associations; and credit unions.

These forms are solicited on a face-to-face basis by our Insurance Producers or by direct market for telephone and mail solicitation and are home office issued. The enrollment form will be completed and/or transmitted either by paper or through electronic means. We certify that we will comply with your state statutes regarding privacy and electronic signatures. The premium can be paid by payroll deduction.

The forms are in final printed format. However, it is possible that actual issued forms may have different format and font style (but not the type size) as a result of different computer publishing systems. Therefore, page breaks may occur at different lines. We do not anticipate refiling for typographical errors, format changes or font style variations.

We request that the state not make the filing information, including actuarial materials not publicly available.

We appreciate your time in reviewing this filing. Please call me at our toll free number or email me if you have further questions or need additional information.

Regards,
Maureen E. Ortega

Company and Contact

Filing Contact Information

Karen Moore, Accident & Health Product Manager
436 Walnut Street
WA09D
Philadelphia, PA 19106

karen.moore@acegroup.com
215-640-5134 [Phone]
215-640-5548 [FAX]

Filing Company Information

Combined Insurance Company of America	CoCode: 62146	State of Domicile: Illinois
1000 North Milwaukee Ave.	Group Code: 626	Company Type: A&H
Glenview, IL 60025	Group Name: ACE USA	State ID Number:
(847) 953-2025 ext. [Phone]	FEIN Number: 36-2136262	

Filing Fees

State: District of Columbia **Filing Company:** Combined Insurance Company of America
TOI/Sub-TOI: H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness
Product Name: Group Critical Illness
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Fee Required? No

Retaliatory? No

Fee Explanation:

State:	District of Columbia	Filing Company:	Combined Insurance Company of America
TOI/Sub-TOI:	H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness		
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Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: Neutral

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Combined Insurance Company of America	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Sheet	C16670	New		Rate Sheet 7218.pdf,

COMBINED INSURANCE COMPANY OF AMERICA

Group Critical Illness

Certificate Form No. C16670

Exhibit A: Sample Annual Gross Premium and Rating Factors

Part A Benefits (Non-Cancer) Per \$1,000 of Face Amount

<u>Issue Age</u>	<u>Policyholder Member</u>			
	<u>With 50% Benefit Reduction</u>		<u>No Benefit Reduction</u>	
	<u>Non-Tobacco</u>	<u>Tobacco</u>	<u>Non-Tobacco</u>	<u>Tobacco</u>
18-25	1.461	2.384	1.537	2.515
26-30	1.953	3.218	2.060	3.407
31-35	3.084	5.174	3.267	5.501
36-40	5.030	8.660	5.398	9.286
41-45	7.207	12.712	7.788	13.715
46-50	10.618	19.238	11.679	21.046
51-55	13.596	25.370	15.272	28.288
56-60	18.400	34.452	21.282	39.551
61-65	23.058	43.724	28.459	53.334
66-69	22.316	42.813	34.430	65.350
70+	19.859	38.086	39.719	76.186

Part B Benefits (Cancer) Per \$1,000 of Face Amount

<u>Issue Age</u>	<u>Policyholder Member</u>			
	<u>With 50% Benefit Reduction</u>		<u>No Benefit Reduction</u>	
	<u>Non-Tobacco</u>	<u>Tobacco</u>	<u>Non-Tobacco</u>	<u>Tobacco</u>
18-25	3.402	5.171	3.486	5.244
26-30	3.528	5.507	3.595	5.547
31-35	4.312	7.123	4.430	7.187
36-40	5.765	9.979	5.982	10.129
41-45	7.036	12.672	7.379	12.949
46-50	9.015	16.818	9.639	17.416
51-55	10.534	20.315	11.524	21.424
56-60	13.124	25.315	14.790	27.586
61-65	14.869	28.801	18.033	33.922
66-69	13.618	25.876	20.766	39.432
70+	11.915	22.821	23.800	45.656

Enhanced Benefits Package 1 Per \$1,000 of Face Amount

<u>Issue Age</u>	<u>Policyholder Member</u>			
	<u>With 50% Benefit Reduction</u>		<u>No Benefit Reduction</u>	
	<u>Non-Tobacco</u>	<u>Tobacco</u>	<u>Non-Tobacco</u>	<u>Tobacco</u>
18-25	0.074	0.134	0.112	0.195
26-30	0.121	0.216	0.202	0.337
31-35	0.222	0.366	0.366	0.589
36-40	0.421	0.680	0.693	1.115
41-45	0.673	1.096	1.109	1.769
46-50	1.197	1.958	1.999	3.181

COMBINED INSURANCE COMPANY OF AMERICA

Group Critical Illness

Certificate Form No. C16670

Exhibit A: Sample Annual Gross Premium and Rating Factors

51-55	1.835	3.036	3.089	4.976
56-60	3.092	5.071	5.275	8.416
61-65	5.518	9.088	9.612	15.431
66-69	9.149	15.246	15.635	27.997
70+	15.127	25.675	27.352	51.350

To remove Parkinson's, multiply by 85%.

Enhanced Benefits Package 2 Per \$1,000 of Face Amount

Policyholder Member

<u>Issue Age</u>	<u>With 50% Benefit Reduction</u>		<u>No Benefit Reduction</u>	
	<u>Non-Tobacco</u>	<u>Tobacco</u>	<u>Non-Tobacco</u>	<u>Tobacco</u>
18-25	0.074	0.108	0.075	0.109
26-30	0.067	0.102	0.068	0.102
31-35	0.078	0.125	0.079	0.127
36-40	0.097	0.162	0.099	0.165
41-45	0.108	0.187	0.111	0.194
46-50	0.125	0.226	0.131	0.235
51-55	0.130	0.242	0.138	0.255
56-60	0.144	0.270	0.156	0.294
61-65	0.149	0.282	0.174	0.330
66-69	0.123	0.239	0.177	0.355
70+	0.102	0.196	0.198	0.392

To remove MS, multiply by 70%.

Enhanced Benefits Package 3 Per \$1,000 of Face Amount

Policyholder Member

<u>Benefit for</u>	<u>With 50% Benefit Reduction</u>		<u>No Benefit Reduction</u>	
	<u>Non-Tobacco</u>	<u>Tobacco</u>	<u>Non-Tobacco</u>	<u>Tobacco</u>
<u>All Ages</u>				
SSH	0.551	0.000	0.614	0.558
Para/Dism	0.058	0.000	0.063	0.057
Burns	0.048	0.000	0.053	0.048

Occupational HIV/Hepatitis Benefits Package Per \$1,000 of Face Amount

Policyholder Member

<u>Issue Age</u>	<u>With 50% Benefit Reduction</u>		<u>No Benefit Reduction</u>	
	<u>Non-Tobacco</u>	<u>Tobacco</u>	<u>Non-Tobacco</u>	<u>Tobacco</u>
All Ages	0.336	0.336	0.350	0.350

Children - Per \$1,000 of Member Face Amount

	<u>Combined with</u>	<u>Paid only by</u>
<u>Part A</u>	<u>Employee Rate</u>	<u>Families</u>
	0.119	0.160

COMBINED INSURANCE COMPANY OF AMERICA

Group Critical Illness

Certificate Form No. C16670

Exhibit A: Sample Annual Gross Premium and Rating Factors

Part B	0.475	0.642
EBP1	0.000	0.000
EBP2	0.607	0.820
EBP3 - SSH	0.523	0.706
EBP3 - P/D	0.053	0.072
EBP3 - Burns	0.018	0.024
HIV	N/A	N/A
Childhood Conditions	0.092	0.125

Adjustment Factors to Parts A and B

<u>Maximum Face</u>	<u>Rate Adj Fx</u>
1	100%
2	105%
3	108%

Recurrence Percentage

<u>Issue Age</u>	<u>0%</u>	<u>25%</u>	<u>50%</u>	<u>100%</u>
Children	100.00%	101.80%	103.60%	107.20%
18-25	100.00%	101.80%	103.60%	107.20%
26-30	100.00%	102.10%	104.10%	108.20%
31-35	100.00%	102.30%	104.60%	109.30%
36-40	100.00%	102.90%	105.70%	111.40%
41-45	100.00%	103.40%	106.80%	113.60%
46-50	100.00%	104.80%	109.50%	119.10%
51-55	100.00%	106.20%	112.30%	124.70%
56-60	100.00%	109.20%	118.30%	136.60%
61-65	100.00%	112.10%	124.30%	148.60%
66-69	100.00%	115.10%	130.30%	160.60%
70+	100.00%	118.10%	136.30%	172.60%

Optional Riders (All Ages)

<u>Rider</u>	<u>Units</u>	<u>Member Non-Tobacco</u>	<u>Member Tobacco</u>	<u>Children</u>
Hospital Admission	\$500/Adm	3.025	5.225	0.462
Cancer Treatment	\$500/month	17.050	26.675	1.188
Family Care	\$25/day	3.135	5.445	N/A
Mortgage Helper	\$500/month	23.925	41.800	N/A
Wellness	\$25/day	11.253	11.253	1.967
Waiver of Premium	% Premium	2.5%	2.5%	2.5%
Waiver of Pre-existing Conditions	% Premium	0% to 15%		

COMBINED INSURANCE COMPANY OF AMERICA
Group Critical Illness
Certificate Form No. C16670
Exhibit A: Sample Annual Gross Premium and Rating Factors

Additional Rating Factors

Group Size	<u>Factor</u> .75-1.25
Enrollment / Marketing / Packaged Services	<u>Factor</u> .85-1.15
Commissions	<u>Factor</u> .85-1.15
Industry	<u>Factor</u> .75-1.25
Employer Paid (Census Required)	<u>Factor</u> .7 - 1.0
Underwriting	<u>Factor</u> .75-1.25
Package Discount Factor	<u>Factor</u> .85-1.0
Policyholder Experience	<u>Factor</u> Based on policyholder's claim history

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Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	
Attachment(s):	DC - Group Critical Illness - Cover Letter.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	Not Applicable for filing at this time.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Group CI Actuarial Memorandum 10-21-2013.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	Combined CI Product Actuarial Justification - No Rates.pdf
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	Not Applicable for this filing at this time.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
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Bypass Reason:	Not Applicable for this filing at this time.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	NA to this filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	NA to this filing.
Attachment(s):	
Item Status:	
Status Date:	



District of Columbia

Re: **Combined Insurance Company of America**
FEIN Number 36-2136262 / NAIC Number 626-62146
Our Filing Number 13-AH-2010748

Form MA13999	- Master Application
Form No. C16670-DC	- Group Critical Illness Certificate
Form No. C166070	- Amendment to the Certificate
Form No. 16671	- Interim Coverage Certificate Rider
Form No. 16672	- Automatic Maximum Benefit Increase Certificate Rider
Form No. 16673	- Annual Wellness Benefit Certificate Rider
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Form No. 164070	- Enrollment Form

Group A&H

In-state and Out-of-state Filing

Dear Commissioner:

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We request that the state not make the filing information, including actuarial materials not publicly available.

We appreciate your time in reviewing this filing. Please call me at our toll free number or email me if you have further questions or need additional information.

ACTUARIAL MEMORANDUM
COMBINED INSURANCE COMPANY OF AMERICA
Group Critical Illness
Certificate Form No. C16670

Purpose

The purpose of this Actuarial Memorandum is to describe the benefits provided in a new form for Group Critical Illness Insurance, Certificate Form No. C16670, and to provide supporting documentation for the accompanying rates. This memorandum is confidential, and is not intended to be used for any other purposes.

Plan Description

Certificate Form C16670 is a specified disease plan that pays lump sum benefits for diagnosis of named conditions.

The policyholder selects the benefits to be offered to eligible policyholder members. Policyholder choices include:

- The covered conditions for which benefits are payable. All plans must have Part A, and/or Part B. Additional conditions are only available if Part A is included.

Part A benefits include the following conditions at indicated percentages of the face amount:

- 100% Benign Brain Tumor
- 100% Coma
- 100% Heart Attack
- 100% Major Organ Failure
- 100% End Stage Renal Failure
- 100% Stroke
- 25% Coronary Artery Obstruction

Part B benefits include the following conditions at indicated percentages of the face amount:

- 100% Cancer
- 25% Carcinoma In Situ

The policyholder can add additional conditions:

- 100% Alzheimer's
- 100% Parkinson's
- 100% MS
- 100% ALS
- 100% Loss of Speech/Sight/Hearing
- 100% Paralysis & Dismemberment
- 100% Burns
- 100% Occupational Hepatitis or HIV
- 25% Childhood conditions (genetic conditions)

- The face amount for spouse and child coverage is defined as separate percentages of the employee's face amount, and can take values from 0% to 100% each.
- The maximum benefit per covered person can be 1, 2, or 3 times the face amount, with a 6 month waiting period between diagnoses of different conditions.
- The policyholder can include recurrence benefits for certain covered conditions, subject to a treatment free waiting period before a recurring diagnosis.
- The policyholder can include a 50% benefit reduction upon reaching age 70 or 75.
- The policyholder can include Optional Riders:
 - Mortgage and Rent Helper Benefit Rider

ACTUARIAL MEMORANDUM
COMBINED INSURANCE COMPANY OF AMERICA
Group Critical Illness
Certificate Form No. C16670

- o Cancer Treatment Benefit Rider
- o Hospital Admission Benefit Rider
- o Family Care Benefit Rider
- o Wellness Benefit Rider
- o Automatic Maximum Benefit Increase Rider
- o Membership Endorsement for Healthcare Referral Service
- o Interim Coverage Rider
- o Waiver of Premium Rider
- o Waiver of Pre-Existing Conditions Amendment

Eligible members select the face amount. Eligible members enroll their eligible dependents.

Please see the accompanying Certificate and Riders for a detailed description of benefits.

Renewability

This group policy renews automatically while individuals are covered under the policy. The policy can be terminated by the policyholder with 60 days written notice, mutual agreement, or for failure to pay premiums within the Grace Period.

Each certificate is guaranteed renewable for life. Premiums may be changed on any anniversary after the first 12 months with 30 days advance written notice. Certificates can be terminated when the maximum benefit is paid, or for failure to pay premiums within the Grace Period.

Marketing

This group policy will be marketed to employees of employer groups and members of affinity groups and unions. Voluntary payroll deduction, direct withdrawal, or direct billing will be used. Where required, a separate filing for association-based groups will be submitted. Face amounts can range from \$1,000 to \$100,000.

Underwriting

Certificates will be subject to simplified issue underwriting. Specific underwriting requirements will be established for each policyholder based on the eligible members of the group and the enrollment process, and the amount of coverage for which the member enrolls. Simplified underwriting will range from a minimum of requiring an individual to be an eligible member of the group, to answering all of the enrollment questions.

Issue Ages

Certificates may be issued to eligible members of the policyholder aged 18 or over.

Gross Premiums

Gross Premiums are established per \$1,000 of coverage, and vary by issue age band, tobacco usage and family status. An asset share model was used to establish issue age premiums for central ages by loading expected commissions, premium taxes, administrative expenses, and profit and contingency margins, and adjusting for lapses and mortality. Various factors may be applied to the basic rates to reflect the specific plan design and benefit options applicable to a particular policyholder's selected plan.

Annual Spouse rates per \$1,000 are the same as annual Member rates per \$1,000. If Child coverage is elected, the Child rate covers all of the Member's eligible children. Child rates are separate, or packaged with the Member and/or Spouse rate. The Member's age will be used to determine rates for Spouse and Child coverage. Gross premiums may be adjusted based upon the experience of the group or other group

ACTUARIAL MEMORANDUM
COMBINED INSURANCE COMPANY OF AMERICA
Group Critical Illness
Certificate Form No. C16670

characteristics that may affect results. Final rates are rounded to satisfy administrative requirements.

Please see Exhibit A for a sample gross premium and rating factors.

Morbidity

Attained age claim costs and benefit relationships were developed by Kidder, LLC, an actuarial consultant, from proprietary datasets, medical statistics and studies, and actuarial judgment.

Lapse rates

Lapse rates were developed from Kidder, LLC data, blended with actuarial judgment.

Premium Modalization

Premiums paid for periods less than annually will be calculated based on dividing the Annual Premium by the number of pay periods per year.

Alternate Age Bands

Marketing conditions for particular policyholders may require that age bands be restructured, which will be done on an actuarially equivalent basis.

Additional Expenses

Additional costs due to distribution requirements, marketing, billing, or other policyholder-requested services may be added to gross premium rates. If required, underwriters will determine whether and how much to load or discount the rates for requested expense variations, subject to minimum loss ratio requirements.

Composite Rates

Composite rates are available at policyholder request. A census will be required. Composite rates will be subject to annual redetermination based on updated census and evolving experience. A discount will be applied if the employer pays for a composite-rated coverage. Rate guarantees on composite rates of greater than one year will be subject to underwriting loads of 1 to 5% per year.

Unitobacco rates

Unitobacco rates may be offered by blending Non-tobacco and Tobacco rates.

Average Annual Premium

The average annual premium based on an average face amount of \$18,000 and a cross-section of issue ages, family tier enrollment and benefits is \$607.

Anticipated Loss Ratio

The anticipated lifetime loss ratio is 51%.

Interest Rate

Premiums and claims were discounted with a current 10 year Treasury yield, after tax.

Active Life Reserves

Active life reserves are calculated based on Two Year Full Preliminary Term using a 3.5% interest rate.

Experience - Past and Future

Since this is a new form, no historical experience is available.

ACTUARIAL MEMORANDUM
COMBINED INSURANCE COMPANY OF AMERICA
Group Critical Illness
Certificate Form No. C16670

Proposed Effective Date

These rates are effective upon approval.

Actuarial Certification

I, Robert Stahnke, Worksite Actuary at Combined Insurance Company of America, am a member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries to render this statement of Actuarial Opinion.

I hereby certify that, to the best of my knowledge and belief, the rate filing submitted herein is in compliance with all applicable laws of this state and Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans"; that the anticipated loss ratio submitted herein is expected to develop over the period for which rates are computed to provide coverage; and that the benefits are reasonable in relation to the premiums charged. In my opinion, the rates are not excessive, inadequate, or unfairly discriminatory.

Respectfully submitted,



Robert Stahnke, FSA, MAAA
October 21, 2013

ACTUARIAL MEMORANDUM

Combined Insurance Company of America Group Critical Illness Form C16670, et al

I. Purpose of Filing

The purpose of this rate filing is to demonstrate that the anticipated loss ratio of this policy meets minimum state requirements. This rate filing is not intended to be used for any other purposes.

II. Policy Benefits

The following is intended to be a general description of benefits provided by this policy and optional benefits. For a detailed description of the benefits, limitations, and exclusions, please refer to the policy forms themselves.

This policy provides lump sum benefits for occurrence of named critical illnesses. Additional options include:

- Additional conditions beyond core covered conditions
- The maximum lifetime benefit amount per covered person
- The availability of recurring benefits for certain covered conditions
- Whether benefits reduce 50% after age 70

Other optional rider benefits are:

- Mortgage and Rent Helper Benefit Rider
- Cancer Treatment Benefit Rider
- Hospital Admission Benefit Rider
- Family Care Benefit Rider
- Wellness Benefit Rider
- Automatic Maximum Benefit Increase Rider
- Membership Endorsement for Healthcare Referral Service
- Interim Coverage Rider
- Waiver of Premium Rider

III. Gross Premiums

The base net premium rates are loaded to reflect expected commissions, premium taxes, administrative expenses, and profit and contingency margins.

IV. Actuarial Certification

I, John D. Kidder, consulting actuary for Kidder, LLC, am a member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries to render this statement of Actuarial Opinion.

I hereby certify that, to the best of my knowledge and belief, the rate filing submitted herein is in compliance with all applicable laws of this state and Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans"; that the anticipated loss ratio submitted herein is expected to develop over the period for which rates are computed to provide coverage; and that the benefits are reasonable in relation to the premiums charged. In my opinion, the rates are not excessive, inadequate, or unfairly discriminatory.

Respectfully submitted,



John D. Kidder, F.S.A., M.A.A.A.
Consulting Actuary
June 20, 2013